

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

KARL L. SCHAUPP, M. D. President
LOWELL S. GOIN, M. D. President-Elect
E. VINCENT ASKEY, M. D. Speaker
PHILIP K. GILMAN, M. D. Council Chairman
GEORGE H. KRESS, M.D. Secretary-Treasurer and Editor
JOHN HUNTON. Executive Secretary

Chairman of the Board:

Albert J. Scholl, Los Angeles

Executive Committee:

Lambert B. Coblentz, San Francisco
Fred D. Heegler, Napa
Albert J. Scholl, Los Angeles
George W. Walker, Fresno

Anesthesiology:

H. R. Hathaway, San Francisco
Ernest H. Warnock, Los Angeles

Dermatology and Syphilology:

William H. Goeckerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco
L. G. Hunnicutt, Pasadena
George W. Walker, Fresno

General Medicine:

Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):

Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:

John D. Gillis, Los Angeles
John E. Kirkpatrick, Shasta Dam

Plastic Surgery:

William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:

Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:

Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:

William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:

Alvin J. Cox, Jr., San Francisco
R. J. Pickard, San Diego

Radiology:

R. R. Newell, San Francisco
Henry J. Ullmann, Santa Barbara

Urology:

Lewis Michelson, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

OFFICIAL CALL

To the Officers and Members of the California Medical Association:

The seventy-third annual session of the California Medical Association will be held at Hotel Biltmore, in Los Angeles, on Sunday, May 7th, and Monday, May 8th, Nineteen hundred and forty-four.

The House of Delegates will convene on Sunday, May 7th, at 12:00 o'clock noon.

The Scientific Assembly of the Association will open with the General Meeting, held on Sunday, May 7th, at 9:00 A.M. General Meetings will also be held on Sunday afternoon and Monday morning.

The thirteen Scientific Sections of the Scientific Assembly will meet Monday afternoon, May 8th, at 1:30 o'clock.

The C.M.A. Council will convene for its 316th meeting on Saturday, May 6, 1944, at 2:00 P.M.

KARL L. SCHAUPP, *President.*

E. VINCENT ASKEY, *Speaker, House of Delegates.*

PHILIP K. GILMAN, *Chairman, Council.*

ATTEST:

GEORGE H. KRESS, *Secretary.*

San Francisco, California, February 23, 1943.

A.M.A. House of Delegates

The House of Delegates will convene at 10:00 A.M., on Monday, June 12, 1944, in the Red Lacquer Room of the Palmer House, Monroe Street between State Street and Wabash Avenue, Chicago, Illinois.

REPRESENTATION

The apportionment of delegates made at the Chicago Session of 1943 entitles your State Association to eight delegates for 1944-45-46.

"A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve.

"Delegates and alternates from constituent associations shall be elected for two years. Constituent associations entitled to more than one representative shall elect them so that one-half, as near as may be, shall be elected each year. Delegates and alternates elected by the sections, or delegates appointed from the United States Army, United States Navy and United States Public Health Service shall hold office for two years."—*Chap. I, Secs. 1 and 2, By-Laws.*

The Scientific Assembly of the A.M.A. will open with the General Meeting, held on Tuesday, June 13, 1944, at 8:00 P.M. The various Scientific Sections will meet on Wednesday, June 14, at 9:00 A.M.

Proposed Amendment to Section 3(a) (2) of Chapter II of the By-Laws of California Medical Association

Paragraph 2 of subsection (a) of Section 3 of Chapter II of the by-laws of this Association, California Medical Association, is hereby amended by deleting from said paragraph 2 the sentence reading as follows:

"At the expiration of the terms of office of the respective members of such Committee successors shall be

† For complete roster of officers, see advertising pages 2, 4, and 6.

elected in like manner to serve for a period of one (1) year each."

and by substituting in lieu of said sentence the following:

"At the expiration of the terms of office of the respective members of such Committee successors shall be elected in like manner to serve for a period of three (3) years each."

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Fifteenth (315th) Meeting of the Council of the California Medical Association

The meeting was called to order in the Empire Room of the Hotel Fairmont in San Francisco, at 10:30 A.M., on Sunday, March 5, 1944.

1. Roll Call:

Councilors Present: Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and Secretary George H. Kress.

Councilors Absent: Donald Cass.

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Ben Read, Secretary, Public Health League; T. Henshaw Kelly, A. E. Larsen, Bryan Kelly, and W. Glenn Ebersole of the California Physicians' Service.

2. Minutes:

Minutes of the following meetings were submitted:

(a) San Francisco meeting of the C.M.A. Council (314th), held on January 23, 1944. (Abstract printed in C. & W. M., March, pages 101-105.)

Councilor Kindall called attention to the report of the Special Committee on Permanente Hospital, and stated that, while the Council had informally approved the report, it had not taken official action. On motion duly made and seconded, it was voted to insert in the minutes of the 314th meeting that the recommendations contained in the report of the Special Committee were approved by the Council.

The minutes of the 314th meeting of the Council were then approved as amended.

(b) Report was made on an informal meeting of members of the Executive Committee, held on Monday, February 7, 1944.

3. Membership:

(a) A report of the membership, as of February 4, 1944, was submitted and placed on file.

(b) Upon motion made and seconded, it was voted to reinstate one member whose membership had automatically lapsed on April 1, 1943, and whose dues had been paid since the last Council meeting, held on January 23, 1944.

(c) Upon motion made and seconded, Retired Membership was granted to the following members whose applications had been received in accredited form from their respective county societies:

Albert T. Charlton, Los Angeles County

Gail Fehrensens, Los Angeles County

C. E. Schoff, Sacramento County

Anita M. Muhl, San Diego County

Walter H. Winterberg, San Francisco County

(d) Upon motion made and seconded, Life Membership was granted to the following member whose application had been received in accredited form from his county society:

William Arthur Rowell, Shasta-Trinity County

4. Financial:

(a) A cash report, as of March 4, 1944, was submitted.

(b) Report was made concerning income and expenditures for February, and for the two months ending February 29, 1944.

(c) A balance sheet, as of February 29, 1944, was submitted.

Upon motion made and seconded, the above reports were received and placed on file.

(d) Upon motion made and seconded, it was voted that the California Medical Association pay to the "Trustees of the California Medical Association" the sum of \$16,303.07, the same being the final payment on a loan from the "Trustees of the C.M.A."

5. Osteopathic Conferences:

In answer to queries, it was stated that while the Association of American Medical Colleges and the A.M.A. Council on Medical Education and Hospitals were presumably in favor of certain procedures, the Federation of State Medical Boards of the United States had raised objections to the tentative plans under consideration. For the time being, the matter so rests.

6. Malpractice Insurance Premiums:

For the C.M.A. Committee on Medical Defense, its Chairman, Dr. Nelson J. Howard, submitted a written report.

After discussion, it was voted to accept the report, and the Council Chairman was authorized to appoint the special committee recommended.

The committee appointed consists of Nelson J. Howard, M.D., San Francisco, Chairman; Louis J. Regan, Los Angeles; and Hartley F. Peart, Esq., San Francisco.

7. 1944 Annual Session:

The C.M.A. Committee on Scientific Work submitted a memorandum report concerning the 73rd Annual Session to be held in Los Angeles on Sunday-Monday, May 7-8, 1944.

It was also stated that this year no commercial or scientific exhibits would be presented. Otherwise, the general program would be in line with the sequence of events given at last year's Annual Session.

It was stated that Dr. Alice Hamilton, Professor of Industrial Medicine at Harvard University, would be guest speaker, and that other invited guests would include prominent members of the Army and Navy.

On motion made and seconded, it was voted that the Local Committee on Arrangements, L. A. Alesen, Chairman, be given authority to have up to \$1,000 available for expenses.

8. Agricultural Workers Health and Medical Association:

President Karl L. Schaupp, Chairman of the special committee, stated that word had been received that President Roosevelt had signed Public Law 229 of the 78th Congress on February 14, 1944, the same dealing with H. J. Resolution 208. It was stated that P.L. 229 contained the safeguarding provisions concerning maintenance of health and medical care procedures for needy migratory workers in agriculture, which had been advocated by the California Medical Association. President Schaupp expressed appreciation to Association Secretary Kress for carrying on the correspondence and other work relating to the matter.

9. "California and Western Medicine":

A memorandum report was submitted and accepted concerning CALIFORNIA AND WESTERN MEDICINE. It was stated that, commencing with the April issue, the Official Journal would be printed by the Wolfer Company in Los Angeles.

Under existing conditions, with the sharp decrease in

size of the Official Journal, owing to the Governmental directive, it was not deemed feasible to make CALIFORNIA AND WESTERN MEDICINE also the official journal of the Nevada State Medical Association.

Space limitations in regard to the one page previously allotted to the Woman's Auxiliary were also outlined. It was stated that a synopsis of the official proceedings of the Woman's Auxiliary could be given space, but that the prevailing space limitations made it inadvisable to print accounts of social gatherings.

10. Public Opinion Survey Concerning Medical Practice in California: Need of Readjustment in Set-up of California Physicians' Service:

Lengthy discussion was had in which many members of the Council participated relative to the facts brought out in (1) the survey by Mr. John R. Mannix on "Voluntary Health Plans in California," printed in C. & W. M., November, 1943, page 258; (2) the public relations survey on reaction of citizens in California toward medical practice, as made by Foote, Cone and Belding in November, 1943, and referred to in C. & W. M., November, 1943, page 273, and March, 1944, page 102; (3) California Physicians' Service and Hospitalization Organization Liaison Committee activities, as referred to in C. & W. M., November, 1943, page 273, and March, 1944, page 103. References were also made to the Interpretative Report of Mr. John R. Little of Foote, Cone and Belding and of the lengthy 200-page survey report presented by his firm.

The minutes of the meeting of the Liaison Committee of Ten, held on December 12, 1943, and of the two subsequent meetings of the Committee of Eight, held on January 22, 1944, and February 9, 1944, were also referred to in regard to proposals made and actions taken.

It was agreed that California Physicians' Service,—which had been brought into being by the California Medical Association, to give medical service to lower income citizens of California,—would be in a stronger position to carry on its work if C.P.S. were made a more intimate part and parcel of the California Medical Association. Such readjustment was the more necessary because California Physicians' Service, as a statewide plan under the control of the medical profession, presented as good or better opportunity for acquainting citizens of California with the efforts of the California Medical Association to provide adequate medical service than any other agency that might be proposed or organized. The intimate relationships existing between medical service proper and hospitalization service proper were discussed, and the need to bring about an harmonious readjustment in regard thereto was repeatedly emphasized.

The importance of giving advance information to delegates and alternates who will act as such in the House of Delegates of the California Medical Association at the Annual Session in Los Angeles was brought out, and it was agreed that steps should be taken to that end, so that the members of the C.M.A. House of Delegates should be able to act to best advantage in the consideration of the important problems which are now confronting the medical profession, not only to California, but of the United States.

On motion by Askey, seconded by Powell, it was voted that the interpretative report of Mr. Little, for Foote, Cone and Belding, and a summary of the more detailed report that had been submitted should be sent to all duly elected delegates and alternates to the C.M.A. House of Delegates.

After further discussion, on motion by Councilor Cline, Chairman of the Committee on Reorganization of California Physicians' Service, duly seconded, the following resolutions were unanimously adopted:

Resolution

1. That there be no change in the general form or

functions of California Physicians' Service.

2. That there be no important change in the form and scope of contracts at the present time and that any changes made in the near future be based upon actuarial findings or other important considerations.

3. That no body other than the Trustees of California Physicians' Service possesses the intimate knowledge of the organization, administrative methods and personnel of the California Physicians' Service office required to make intelligent suggestions for their reorganization and that the Council take no action relative to these matters.

4. That the Board of Trustees of California Physicians' Service be requested to require that the employees of California Physicians' Service exercise the greatest possible effort in the field of public relations—as applied to the general public, beneficiary members and physicians.

5. That the Council request that California Physicians' Service take steps to constitute the House of Delegates of the California Medical Association as district members of the Board of Administrative Members of California Physicians' Service and to this end introduces the following motion:

MOTION

WHEREAS, It is the sense of the Council of the California Medical Association that due to various circumstances beyond the control of any individual or individuals the present administrative membership of California Physicians' Service has not functioned in the manner and to the extent originally contemplated by the founders of California Physicians' Service; and

WHEREAS, It is believed by the Council that it will create greater interest in and support of California Physicians' Service by the medical profession if the doctors of medicine who are district administrative members of California Physicians' Service are those persons who at the time are also members of the House of Delegates of the California Medical Association; now, therefore, be it

Resolved, That the Board of Trustees and the administrative members of California Physicians' Service are hereby requested to initiate and carry through to a successful conclusion all steps and proceedings necessary to change those provisions of the articles of incorporation and by-laws of California Physicians' Service that relate to the number, qualifications, method of election and tenure of membership of administrative members in California Physicians' Service to the end that the "district" administrative members of California Physicians' Service shall be those doctors who are members of the House of Delegates of the California Medical Association; and be it

Further Resolved, That said Board of Trustees and administrative members of California Physicians' Service are further requested to use their best efforts to accomplish said change on or before May 6, 1944, so that if possible the "district" administrative members of California Physicians' Service at the next annual meeting of administrative members to be held on said day or shortly thereafter can be those persons who are at the same time, members of the House of Delegates of the California Medical Association; and be it

Further Resolved, That the Council hereby expressly states that the requests hereinabove made are not intended as any reflection on or criticism of, or desire to remove from participation in California Physicians' Service those administrative members who are not doctors of medicine, but that on the contrary it is the express desire of this Council that the Board of Trustees and administrative members of California Physicians' Service in carrying out the changes above recommended continue the provisions for administrative members at large who may be either doctors of medicine or interested representatives of other professions and groups.

Resolution

WHEREAS, C.P.S. was created by the C.M.A. to meet certain needs which still exist, and evidence of this fact is borne out by the recent report of Foote, Cone and Belding; and

WHEREAS, C.P.S. is recognized as the best means which the medical profession of California possesses to combat the threat of socialized medicine; therefore be it

Resolved, That the Council of the California Medical Association express its determination to support, further, expand and improve California Physicians' Service.

* * *

Resolution

WHEREAS, The California Medical Association has repeatedly affirmed the principle that hospitalization service should be rendered by hospitalization organizations and that medical service, including radiology, pathology and anesthesiology, should be provided by organizations of physicians; and

WHEREAS, the Committee of Ten (now the Committee of Eight) representing the California Medical Association, Association of California Hospitals, Hospital Service of California, Intercoast Hospitalization Insurance Association, Hospital Service of Southern California, and California Physicians' Service, was created in good faith to accomplish a merger of the three hospitalization plans and California Physicians' Service in agreement with the stated principle and along the general lines of the Mannix Report; and

WHEREAS, Such merger depends more upon the will to create one statewide organization than upon legal and technical details; and

WHEREAS, Machinery for the arbitration of differences of opinion was suggested in the original motion creating the Committee of Ten; and

WHEREAS, Progress toward such accomplishment has been slow and characterized by actions and objections indicating an unwillingness on the part of certain representatives of organizations to cooperate in effecting the merger; and

WHEREAS, The California Medical Association is committed to the policy of improvement and expansion of California Physicians' Service and considers delay to be dangerous and unwarranted; therefore be it

Resolved, That California Physicians' Service be requested to continue participation in the Committee of Eight until such time as no further effective progress is being made, but in no event beyond 30 days unless satisfactory progress be made within that time; and be it further

Resolved, That if negotiations to the end of establishment of a unified statewide plan are not fruitful, California Physicians' Service be requested to conclude arrangements with such hospitalization organizations or organization as may be willing to enter into an agreement for statewide coverage with California Physicians' Service; and be it further

Resolved, That the Council do and hereby does eliminate any provision of geographical restriction in its approval of hospitalization organizations; and be it further

Resolved, That unless satisfactory arrangements can be made within a reasonable period (namely, within 60 days of this Council meeting of March 5, 1944, to permit report and action by the C.M.A. House of Delegates at the Annual Session commencing on May 6, 1944), California Physicians' Service be requested to proceed at once to cover the hospitalization of its own contracts without regard to similar contracts being issued by other organizations.

On motion by Goin, seconded by Kneeshaw, it was voted that the sum of not to exceed twenty-five thousand dollars (\$25,000.00) be allocated to cover the work that had been discussed in connection with the public relations

survey of Foote, Cone and Belding and the objectives of California Physicians' Service; the money so allocated to be expended under the supervision of the **Executive Committee** of the California Medical Association, and the Executive Committee to have authority to engage the services of public relations and other personnel to carry on the work along the lines discussed and agreed upon in the Council.

11. Resignation of C.M.A. Delegates and Alternates to the American Medical Association:

The subject,—how best to attain the achievement of the objectives that had been outlined in the previous considerations concerning the attitude of the public to the medical profession, with special relation to proposed federal and other legislation, and ways and means whereby legislators might be better informed on public health and associated needs, through establishment of a Bureau of Information at Washington, D. C.,—received continued exchange of opinion and discussion by Councilors.

On motion by Askey, seconded by Kneeshaw, it was voted (no negative votes being cast), that the following resolution be adopted:

Resolved, That a letter be sent to every C.M.A. Delegate and Alternate to the A.M.A., in which it would be stated that it is the judgment of the C.M.A. Council that each of such C.M.A. Delegates and Alternates to the A.M.A. tender his respective resignation; the C.M.A. House of Delegates at the Annual Session in May next to fill all vacancies in the list of C.M.A. Delegates and Alternates to the A.M.A. The Council, in making this request of the present C.M.A. Delegates and Alternates, takes such action without prejudice to them. The Council fully appreciates the loyal service rendered by the present Delegates and Alternates, but in view of the grave issues to be presented to the C.M.A. House of Delegates in May next, the Council feels it desirable that the C.M.A. House of Delegates shall have a free hand in deciding whom it wishes to present these matters to the A.M.A. House of Delegates in Chicago in June next.

12. Committee on Public Policy and Legislation:

Dr. Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation, gave a detailed report concerning the formation of the United Public Health League, accounts of which have appeared in *CALIFORNIA AND WESTERN MEDICINE*, for January, on page 27, February on page 45, and March on page 109.

Dr. Murray reported on the recent national conference on Medical Service and other meetings held in Chicago during the week of February 13th, and stated that the reactions to his own address and the talk by Mr. Ben Read, Secretary of the Public Health League of California, had received favorable comment from many members who were present.

Information was also given concerning the conferences with the recently organized A.M.A. Council on Medical Service and Public Policy, and the prospective activities of various agencies. As regards the Bureau of Public Health Information to be organized in Washington, D. C., reference was made to an item appearing in *J.A.M.A.* for February 26, 1944, on page 583, in which the scope of the A.M.A. Council on Medical Service and Public Relations was briefly indicated, and also to conferences with Officers of the American Medical Association.

Dr. Murray also reported on the informal conference in San Francisco with local members of the C.M.A. Executive Committee, at which report had been made.

Mr. Ben Read also gave a report in considerable detail concerning his experiences in Chicago.

Dr. Murray stated that the United Public Health League would proceed to establish in Washington, D. C., on or about March 20th, a Bureau of Public Health Information such as had been approved by the C.M.A.

Council at its 314th meeting on January 23rd, as noted under Item 6 (C. and W. M. for March, 1944, on page 103), of the minutes, and this proposed action received the general approval of the Council.

13. Legal Department:

For the Legal Department, Legal Counsel Hartley F. Peart made the following report:

Mr. Peart reported on the present status of the Association's application to the Industrial Accident Commission for the adoption of a new, adequate and complete fee schedule for medical and surgical fees in industrial compensation cases.

Mr. Peart stated that the first compensation fee schedule was adopted about 30 years ago; it had been amended in June, 1920; by this amendment, the schedule was then increased about 25 per cent; since that date no changes have been made; the schedule enumerated and now enumerates 87 procedures and operations and the proposed complete schedule 543; that the association's application was filed in October, 1942, and a public hearing held February 15, 1943, since which time the Commission had kept the matter under advisement; the Commission deferred action pending the adoption of possible legislation which would give the Commission more control over practices connected with the act, preventing rebating, etc., but that efforts to amend the law had been unsuccessful due to withdrawal of support by certain labor leaders that on May 21, 1943, the chairman of the Commission had suggested, in a letter to the chairman of the Council, that if a long range program of control and discipline were adopted by the profession, the way would be cleared for action on the application; pursuant to this suggestion, the members have been circularized and the Commission was notified late in December, 1943, that signed pledges of nearly 6,000 physicians had been obtained, agreeing to abide by the fee schedule adopted by the Commission and to observe the ethics in this practice, and requesting that, as the chairman's suggestions had been effectively carried out, action then be taken by the Commission upon the application.

That under date of January 4, the chairman of the Commission had stated that the Commission felt it could not handicap the State Fund by the adoption of the new fee schedule which would not be observed by some of the privately owned insurance companies competing with the Fund, and that the Commission would not be able to act without proper legislation which would bind such private carriers as well as the Fund. That Chairman Gilman had replied to this letter, stating that, in the opinion of the Association, the competitive position of the public and private carriers was no justification for continuing to pay physicians inadequate fees; that the existing fee schedule had become obsolete, inadequate and unfair for lack of revision for over 23 years and that the arguments made by the chairman were as applicable in 1913 when the fee schedule was first established as they are today; that the profession should not be compelled by the Commission to continue to furnish these services at inadequate and unfair compensation to physicians, merely because adequate and fair compensation would result in increased expenditures by insurance companies; that the basic consideration is the welfare of the injured workman and not any other interest.

It was recommended that a special committee be created to make further representations in reference to this matter and on motion of Councilor MacDonald, duly seconded, the appointment of such a committee by the chairman of the Council was duly authorized.

14. Medical Service in Contra Costa County (Richmond District):

The problems which had arisen in the war industry area of the City of Richmond and adjacent territory were discussed. After consideration of the needs and the pos-

sibility of having California Physicians' Service move in and take over the work, rather than some commercial or other group not intimately connected with the medical profession, it was agreed that the California Medical Association should underwrite the medical care plan.

Dr. A. E. Larsen, of California Physicians' Service, stated that C.P.S. was willing to undertake the work if it was the wish of the California Medical Association, but that C.P.S. could not legally use funds received for other specific medical care to beneficiary members for such purpose.

Upon motion made and seconded, it was voted to underwrite the proposed plan to the amount of \$2,000 per month for a period of three months, it being stipulated that a substantial majority of the members of the Contra Costa County Medical Society should express their willingness to cooperate in fullest measure in the plan when the facilities were made available by the Federal Housing Authorities for the establishment of an infirmary set up by C.P.S.

15. Health Department Quarantine:

Councilor E. Earl Moody of Los Angeles called attention to a recent experience with an Officer of the Los Angeles Health Department, in which the Health Department Official contended he possessed rights to make diagnoses, etc., in addition to placing the quarantine placard on the house, the diagnosis of poliomyelitis having been made on the house.

After discussion, Councilor McClendon of San Diego, who is a member of the State Board of Public Health, stated he would call the matter to the attention of the proper authorities in order to clarify procedures in such work.

16. Time and Place of Next Meeting:

On motion made and seconded, it was voted that the 316th meeting of the Council be held in Los Angeles at the Hotel Biltmore on Saturday afternoon, May 6, 1944, beginning at the hour of 2:00 P.M.

17. Adjournment.

PHILIP K. GILMAN, *Chairman*.
GEORGE H. KRESS, *Secretary*.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Three Years of War Predicted

Three years more of war, with every inductee scheduled for full-time combat duty, has been predicted by Rear Admiral Ross T. McIntire, surgeon general of the Navy and personal physician to the President.

Doctor McIntire, speaking of the return to civilian life of army doctors, told a meeting sponsored by the American Medical Association that "it would be safe to plan on three more years of war."

"I would like to say that the year following the end of the war we will be able to release two-thirds of the physicians in service to civilian life, but this is very doubtful. If we are going to hold the peace we will have a world wide responsibility to our troops of occupation and to the civilian populations of the occupied countries."

Maj. Gen. George F. Lull, deputy surgeon general of the army, blamed the attitude of persons on the home front for many psychiatric breakdowns among soldiers.

Soldiers' mail, he said, contained too many sentiments such as "I can't get along without you," and "when can

you get home." Letters, he said, should encourage the soldier to "get the job done," so that he could return sooner.

6,300 More Doctors Needed By Government

With increased casualties inevitable as the tempo of the war steps up, the Army, Navy, Marine Corps and Public Health Service must have an additional 6,300 physicians and surgeons trained and ready for front line action by July 1, Lieut. Col. Durward G. Hall, chief of the procurement branch of the military personnel division of the surgeon general's office, recently declared.

Colonel Hall said a 1943 survey revealed there were more than enough doctors, not essential to civilian needs, to meet all military demands. A figure of one doctor to every 1,500 civilians has been found basic for proper medical care.

The medical profession alone, can decide how many of its members are available for military service, Colonel Hall pointed out.

A Job for All of Us

In an editorial addressed to "Our Colleagues in Service," the physicians and surgeons of the nation who are bringing life to men who have come to expect only death on battle fronts throughout the world, the *Bulletin of the Los Angeles County Medical Association* presents a powerful demand that the doctors who remain at home keep faith with those who are away.

"We want you to be free after this war," the editorial says, "to treat your patients as you know they should be treated and not as some bureaucrat tells you to treat them." Other portions of the editorial follow:

"We are proud of you, prouder than we can say in words. You have given up everything you value in life, except honor, with admirable cheerfulness and you did not wait to be drafted. You have had long weeks of drill and training. Individualists that you are, you have of necessity accepted regimentation. You have endured heat, mosquitoes, disease and bitter cold. You have fought vicious and deadly enemies and have gained the praise and admiration of the civilized world. Not that it seems remarkable to you. You are only doing the job and applying the knowledge and skill you gained in peace to the needs of war.

"But remember this. At home your fine work seldom got the attention it deserved. It was expected of you and that was all, like so many other good things which Americans take for granted. It is different now. The whole world knows how you have saved the lives of wounded men, as lives were never saved before the war, and how you have beaten the pestilential jungle and enabled men to live where men never lived before. It has seen you restore battle-shattered wrecks to hope and usefulness. You have carried the gospel of healing based on knowledge to all people. You have struck a death blow at witchcraft and quackery. Millions of soldiers have learned the value of good medical care. They will never again be content with less.

"We at home owe a duty to you who serve the nation. It is that we strive with all our strength to keep our land as fine as it was when you went away. Wartime gives agitators and dreamers of all sorts a golden chance to inflict their theories upon a suffering people under the cloak and mask of necessity. Those who want to regiment doctors are especially active. They proclaim that you men in service are growing so fond of being told what to do that you will be loath to regain your individuality when the war is over. They say that nothing will interest you as much as security, with a pay check every month, two weeks' vacation every summer and retirement at age 64. They point to the warm, well-fed hog living in a pen during his master's pleasure and say how much better is his lot than that of the cold, wet, and hungry razorback who roots in the forest for acorns. They forget that you are sprung from pioneers who, like the razorback, held independence and freedom dear above all else.

"We trust we may protect your birthright until you return, but we know it will not be easy. Powerful forces are abroad in the land seeking to apply production line methods to the art of medicine. Already vast salients have been taken by the forces of government medicine.

We know that the higher cost of modern care must be partly met by using the principle of insurance, but it makes a vast difference how that principle is applied. We want you to be free after this war to treat your patients as you know they should be treated and not as some bureaucrat tells you to treat them. Working together in freedom we have given America the lowest death rate of all time, anywhere. Let us, with God's help, keep it so."

The doctors in service will find, upon their return, that hundreds of thousands of their nonprofessional fellow citizens have joined with physicians throughout the land in combating a trend toward socialized medicine by those who would like to "apply production line methods to the art of medicine."—Glendale News-Press.

Nurses Needed for the Armed Forces

The need for nurses for the armed forces is so great that physicians who are now employing trained nurses in their offices are being asked to review their needs for such nurses; if possible, these nurses should be released for the actual care of the acutely sick in the community or for active service with the armed forces. All those under age 45 who are physically qualified for military service should be urged to join the military forces without delay; those above 45 or not physically qualified for military service should be urged to enter essential community service, such as group private nursing in hospitals, staff duty in hospitals, public health nursing or industrial plant nursing.

Physicians who now have trained nurses in their offices are asked to coöperate in this program as a means of maintaining hospital service and of meeting community needs in the face of the tremendous demands of the Army and Navy for nurses. If hospital service cannot be maintained, many physicians will find themselves handicapped in their practices.

It is recognized that in many physicians' offices there is an actual need of nursing service. In such instances the office nurse should be retained or should be replaced by another trained nurse who is not eligible for military service. On the other hand, where a trained nurse is employed in a physician's office in a nonnursing capacity, her status should be thoroughly reviewed with a thought toward releasing her for active nursing service in the military forces or in the essential community nursing services.

Procurement and Assignment Service for Nurses has the responsibility of reviewing individual cases and the coöperation of all physicians is asked by that service as an aid to the war effort. The problem now is one of utilizing to the utmost the skills of all trained nurses, particularly those who may now be doing services which an untrained person could assimilate.

Retirement of Dr. George Baehr of the Office of Civilian Defense

The United States Office of Civilian Defense recently announced that its Chief Medical Officer, Dr. George Baehr, had retired on March 1, after two and a half years of service. He was succeeded by Dr. W. Palmer Dearing, who has been Assistant Chief Medical Officer since the establishment of the Medical Division of the Office of Civilian Defense.

The program and policies of the Medical Division as developed in the past two and a half years will continue unchanged, Dr. Dearing said in releasing the following statement:

"The Emergency Medical Service, the Casualty Receiving and Emergency Base Hospitals, the plans for Emergency Medical Service to industrial plants, and the plans for mutual aid on a statewide or regional basis for distribution in an emergency of personnel, equipment and supplies, including blood plasma, must be maintained.

Paper Shortage: Paper Needed in War Effort (COPY)

WAR PRODUCTION BOARD

March 1, 1944.

Dear Dr. Kress:

Waste Paper is our *Number One Critically Needed* raw material!

Your publication can play a vital rôle in aiding the national waste paper salvage campaign within the hospital and medical fields. Such assistance as you can give will help directly to supply the paper needs of our Armed Forces, our war production plants, and our essential civilian needs. . . .

Whatever method is in use today in the average hospital, there are four immediate and additional steps that should be taken to accelerate at once the waste paper collection.

(1) Appoint and hold responsible some member of the hospital personnel to head and correlate the paper salvage program.

(2) Take immediate steps to scrap old records by using the micro-film process.

(3) Publicize the waste paper drive with bulletins or posters in every department, with short talks and appeals to staff personnel.

(4) Set up a system of waste paper collection with every possible source of waste paper checked at regular intervals. . . .

Thanking you for your coöperation, I am,

Very truly yours,

S. J. SUTTON.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

WAGNER-MURRAY-DINGELL BILL (S. 1161; H. R. 2861)

Reader: Have you written your Congressman? You will find his name and Washington address in the November issue of "California and Western Medicine," on pages 284 and 285. The time to act is now—As one of your Congressman's constituents, acquaint him with your point of view. Every physician owes this to the welfare of his fellow citizens, his profession, and himself.

For additional information concerning Wagner-Murray-Dingell bill (S. 1161), see department of Committee on Public Policy and Legislation in previous issues of "California and Western Medicine."

American Bar Association Opposes Wagner-Murray-Dingell Bill (S.1161)

At its recent annual session the House of Delegates of the American Bar Association opposed the Federal Medical Security Bill and contended it is a "direct attack on the rights and liberties of the citizens of this country."

The members unanimously approved a resolution which declared that under such a program "the physician will become merely an unambitious Federal employee or a politically ambitious doctor." It added:

"To safeguard a minimal percentage of the population which has difficulty in obtaining complete medical service, the bill would put all the people in a medical strait jacket under the supervision of the Federal government for an alleged service which the vast majority either do not require or are able to provide for themselves. A patient will become the guinea pig supplied by the government and the excuse for the payment of subsidies to a controlled profession for its routine services."

The resolution held that the legislation would give the surgeon general "the power arbitrarily to make rules and

regulations having the force and effect of law which directly affects every home."

It maintained that the measure offers no safeguards for patients, hospitals, citizens or doctors against the "capricious action of one man," and fails to provide for a court appeal of the surgeon general's actions.

Public Told of Dire Consequences to Health in Socialized Medicine

S. 1161 in Congress Sheer Politics, Declares Fulton Lewis, Jr.; A.M.A. Resistance Found Wanting in Effectiveness

By FULTON LEWIS, JR.

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Washington, March 11.—Politics, since the first cave-man learned that he could coax instead of beat his way to the top, has been a simple formula: Call the attention of the many to the things they do not have, and promise to furnish those things if you're elected.

Senators Wagner of New York and Murray of Montana are no exceptions. They are sponsoring, at the moment, a bill to socialize medicine in the United States. They propose a program under which the Government would take over the medical care of about 90 per cent of the American public.

The American Medical Association, headed by snow-crested Dr. Olin West and the ubiquitous Dr. Morris Fishbein, have stirred a dizzy dither about it, among the already overburdened and harassed doctors of the country.

Branded Enemies

They have circulated ominous articles, from their Medical Journal. National conferences have been called. Messrs. Wagner and Murray have been labeled the pre-eminent public enemies of medical science in the United States.

The truth is that neither Senator Wagner nor Senator Murray commands sufficient influence in the present Congress to be a competent enemy of medical science or anything else. The Wagner-Murray bill hasn't a step-child's chance of being passed. The present Congress has no stomach for such stuff, and both Wagner and Murray probably know that, as well as any one.

The tragedy is that far behind this frenzied boxing bout against shadows of the movement, are powerful realities which eventually are certain to explode.

Trend Foreseen

The vast majority of rank and file doctors of the country—and I've talked to hundreds of them—seem to sense these practical realities, and comprehend the import of them. The American Medical Association, with its cloistered leadership which talks mostly to itself, doesn't seem to have the slightest understanding of it all.

Those realities are that until the politician is robbed of his bait, which he dangles before the public eye, other Senator Wagners and other Senator Murrays will continue to use that bait, making a little more progress each time.

When the war is over, and tens of thousands of Army and Navy doctors face the problem of returning to private competitive practice which will be infinitely more crowded than ever before, many of them may be distinctly friendly to the security of steady salary of Government medicine.

But the A.M.A.'s only answer is to rant against the dangers of it, and the injustice, and to try to make the realities nonexistent, by the mere denial that they exist.

Public Interest

That is suicide. If their own interests were all that is at stake, the suicide wouldn't matter. But it's not. If the tawdry searing paws of politics ever set their grip on American medicine, it's the people as a whole who will

suffer, far more than the doctors and far more than the American Medical Association. For that reason, the public has a tremendous stake in preventing it.

* * *

If you need proof that the hand of politics is devastating to medical science, there's plenty of it. Germany and Austria plummeted from the top to the bottom of world medical standing, as a direct result of Government control. England tried a modified system, and even those who originally proposed it have now turned about completely, after seeing it in operation.

It might be different here?

Well, why would it be different than other government operations here at home? Why would government dispensing of medicine be any more efficient or effective than government relations in rationing, or handling social security cases, or income tax filing. For decades, private offers have been made to take over the post office service of the Nation, to operate it at a profit, instead of at a loss to the Government.

Standards Crash

The simple fact is that political control of anything eliminates the standard of merit, and substitutes instead the standard of personal friendship and political influence. It stifles ambition, and smothers initiative—because promotion depends not on ability and accomplishment, but on political considerations.

But it's as if the little Dutch boy, who found the leak in the dyke, just stood there and exclaimed that there should not have been a leak; that the sea should not be so high and so fierce—instead of plugging it with his hand, until help came. Had he done so, Holland would have been destroyed.

The simple truth is that an overwhelming majority of the American people do not have adequate medical care. It's not confined to the poor, or the lower income groups. It runs the whole gamut of income scales up to \$10,000 a year or better. It takes in considerably more than 90 per cent of the American people.

Blind to Facts

The A.M.A., in denying that, proves nothing to no one, except that the A.M.A. is blind to facts.

The accompanying truth is that in peacetime, an overwhelming majority of the doctors of the Nation are barely able to eke out an existence, particularly the younger ones, because they have not enough patients to keep them busy. They maintain an office and a front, spend part of their time on full charity patients and the rest of the time at pin ball machines in the doctors' lounge of the medical building.

The cure is not lobbies in Washington, which some of the A.M.A. leaders want to establish. It is not a publicity campaign, to fight socialized medicine; no publicity campaign can help, unless the facts of a situation are right, and if they are right, a publicity campaign isn't necessary; it is not the adoption of union like, strong arm methods, which others of them want, agreeing among themselves to refuse to coöperate with Government controlled medicine.

Lack Understanding

The proposal of these methods shows how totally lacking the A.M.A. leadership is, in a real understanding of what the medical profession is facing.

The only cure is for the medical profession itself, in its own good way to do the job, and cure the basic problem. In that way, the politicians' bait is gone; the palling danger of Government controlled medicine is eliminated; the whole problem is permanently solved, because the politician has nothing to offer.

* * *

Doctor West is a slow ageing gentleman who practiced medicine twenty years ago in Tennessee and who

reaches back on constant occasions to explain how the natives of the rural areas in that State didn't like to go to a doctor. Still he has answers to all of this.

He says that State medical organizations have attempted to set up prepaid medical insurance plans, but the people have failed to support them. That once again, is self opinion, I've investigated several of the cases he mentioned. Local organizations did go through the motions of setting up the plans, and did offer them; but no practical, aggressive campaign was really made to sell the service and most of the public never knew the plans were offered.

Plain Evasions

Senators Murray and Wagner are aggressively trying to sell theirs; the A.M.A. is trying to sell nothing. Its position is one of defensive retreat, fighting every inch of the way with bromides and powderpuffs and evasions and stallings. Its plain policy is to accept only what's forced upon it, and to do that only after as much delay as possible.

The fate of American medicine, and the interest of the American people, hang on the question of who reaches the goal first, and gets control of this vast field of medical practice—the medical profession, or the politicians.

Judge for yourself, how the race is going now.—Los Angeles *Examiner*.

Socialized Insurance

As this session of Congress gets well under way, the insurance industry finds itself beset on many fronts. Most recent issue to be propounded by opponents of the industry is the action of Paul V. McNutt, Federal Security Administrator, in recommending that the present social security benefits be buttressed with added Government health insurance.

This recommendation, which was made by the Social Security Board in McNutt's annual report to Congress, would mean an increase in the cost of the social security setup of some 12 per cent of all payrolls for the next 10 years, with the probability that this cost would eventually reach as high as 18 per cent.

Much has been said and written in the past about the prohibitive cost of such a plan of socialized health insurance and the burden it would place on the backs of the American people. Perhaps too little has been said about the effect such a setup would have upon the rights of the people, as set forth in the Constitution. Stating this side of the case, in forcible language that leaves little to be desired, is Monsignor Maurice Griffin, of Cleveland, senior trustee of the American Hospital Association and vice-president of the Ohio Hospital Association.

Speaking of the Murray-Wagner-Dingell bill for socialized health insurance, the estimated cost of which corresponds to the McNutt plan, Monsignor Griffin, in an article in the Wellington (Ohio) *Enterprise*, said:

"The Murray-Wagner bill . . . assails the inalienable rights of life, liberty and the pursuit of happiness as promised the people of this nation by their Constitution.

"If this proposed document is passed, there will be a new character on the national scene—Uncle Sam, M. D.—who will not only oblige doctors to sign on the dotted line to practice medicine according to the rules and regulations which he lays down and to accept the fee which he determines, but will tell you as people what doctor you may see, how many times you may see him and he in turn will tell you, if such attention is necessary, what specialists you may see and how many times. Your life and the life of every member of your family would be in the hands of a medical czar and under the supervision of a medical board, run not by doctors but by politicians.

"Socialized medicine such as this bill clearly calls for, is not native to our land at all—it is a foreign product

and was first brought to perfection by the German statesman, Bismarck. This bill does not spring from our traditions nor from our public spirit. . . .

"Doctors have doubled the life span of the American people and have done more for their patients in service and equipment and in voluntary spirit than elsewhere in the world. Maintained as they are today, mostly by religious organizations, the hospitals represent the finest of the public spirit of America—they are from the people and they are for the people. Surely the people themselves have done so well on a purely voluntary basis that there is no need for government supervision. . . ."—San Francisco *Underwriter's Report*.

Proposals for Federal Management and Regimentation in Field of Public Health Assailed by Governor Bricker

The *Ohio State Medical Journal* prints the following :

Governmental management and regimentation which would become necessary under a program such as the one proposed in the Wagner-Murray-Dingell Bill would "inevitably lead to national chaos and disorder" and be "a distinct threat to the future health of our people," Governor John W. Bricker of Ohio warned in an address before the Creve Coeur Club of Peoria, Illinois, at that organization's annual Washington's Banquet.

Although Governor Bricker, who is a candidate for the Republican nomination for president, did not refer directly to the Wagner Bill, he left little room for doubt that he had that proposal in mind when he lashed at current movements to give the Federal Government complete domination over the field of public health.

Says Free Government Threatened

Charging the Federal Government with "extreme busyboding and meddlesomeness in many affairs that ought to be left to the people themselves," Governor Bricker stated that in his opinion "our institutions of free government are threatened as never before" because of existing bureaucratic, paternalistic and dictatorial policies and trends.

"It should be the function of government to serve the people, to help them help themselves," he said. "It is not the function of government to direct every act of the citizen in his daily life. To make matters worse, this administration has not gone as far as it wishes to go in the regimentation of our daily lives.

"Consider for example, the field of public health. Whatever governmental attention is proper or desirable in this field can be given much better by the states themselves or by private agencies who are closer to the people and have a better grasp of the problem.

See Threat to People's Health

"The American doctors have made eminent progress in caring for the health of our people. Medical organizations and private hospital groups are making substantial progress toward the goal of providing adequate medical and hospital care for all.

"In view of this record, I regard the proposals emanating from this administration for governmental intervention between the doctor and his patient, as an undeserved affront to a loyal and admirable profession and a distinct threat to the future health of our people.

"It is these meddlesome activities in so many spheres that properly belong to the states or to the people themselves that have lead to the multiplicity of government agencies which are unsupervised and uncontrolled and which it is impossible to supervise or control. These virtually autonomous agencies were set loose upon the people with unlimited funds and the people in pursuing their peacetime affairs were sorely beset in trying to accommodate themselves to the disorder. It was one of

the significant reasons why we failed to achieve a sound, economic recovery before the war.

"Please do not misunderstand me. Government must be responsive to the needs of social progress in every field. It must continue to be. Human welfare means more than good intentions and material help. It must promote education, health, and public welfare. But it must leave to individual human beings a full measure of control over their own destiny. Governmental management and regimentation inevitably lead to national chaos and disorder."

Schemers Want Socialized Medicine

Many who call themselves liberals have one outstanding trait. They are always kicking. The latest victim of this particular brand of liberalism has been the medical profession.

Doctors have struggled in laboratories and at bedside for centuries to learn the secrets of keeping the human body alive and healthy. Dread diseases have been nearly eliminated. The span of life has been doubled in a few decades. Pain and suffering have been reduced miraculously. Since the war, the performance of the doctors has been supreme. They have carried their hard earned knowledge into the front lines with the result that hundreds of thousands of men will return to their families after this war, who would otherwise be rotting in foreign graves. The doctors at home are working night and day, literally without rest, to care for the sick and injured among the civilian population.

A lot of schemers, whose blood pressure would have felled them long ago if a few competent physicians had not been at hand, are now telling the country that the medical men have got to do much better at once or Uncle Sam will step in and take care of our medical needs. But Uncle Sam never saw the inside of a medical school. After the shouting dies down it will still be up to the doctors to keep us healthy. Socialized medicine would do no more than make the government a bill collector for the doctors, payable in advance, with a large part of the money retained for bureaucratic activities.

Medical advancement will be achieved by the doctors in the future, as in the past.—*Monrovia Journal*.

If Doctors Don't Make Medical Care Available to All, Dr. Wilbur Warns, Bureaucrats Will

"Facility in making medical care available to all will come through organized procedures on the insurance principle under the guidance of the profession," Dr. Ray Lyman Wilbur declared recently in an address in Chicago, "or it will come as a procedure of government, cursed with the inevitable, inelastic, tradition-ridden, cautious bureaucrat. The way we use the hospitals and medical schools of today will largely determine the medical future of our people."

Dr. Wilbur was speaking as chairman of the council on medical education and hospitals at the annual congress on medical education and licensure.

He pointed out that "on all sides we are seeing the benefits of scientific medicine, of medical research and of good medical education" and that "everywhere we turn in our civilization under the present strain of war we find science and the trained man and woman giving indispensable service."

Medical education, now streamlined under great pressure, will never go back to many of the old ways, he predicted.

"Medicine based on pills and potions is becoming obsolete," Dr. Wilbur said, "and the new physiology, with the help of physics and chemistry, has taught us many ways to deal with the living body that were only dreamed of a

decade ago. . . . The medical student of today needs to have his instructors fan over the grist of the past and select carefully those subjects upon which he can best spend the limited period of his training."

Dr. Wilbur turned from the changes which medicine is undergoing to the social changes in which medicine is involved and urged the importance of having the physician participate in and guide these changes.

"If he does not, others will," he warned, "for the public knows better all of the time just what medicine offers to human beings in the way of guidance, comfort and protection."

**MATERNITY-PEDIATRIC PLAN OF FEDERAL
CHILDREN'S BUREAU*
ITEM XLVI**

**Emergency Maternity and Infant Care (E.M.I.C.)
Program in California†**

The E.M.I.C. Program is now operating in every county in California. From July 1, 1943, through January 31, 1944, a total of 11,528 cases were accepted for care in this State. California ranks third in the Nation in the total number of cases accepted for care.

Total Cases as of January 31:

United States.....	194,686
New York	18,196
Illinois	11,712
California	11,528

Tabulation by Months:

The tabulation of California cases authorized each month shows that our monthly case load may now be leveling off:

Month	Cases Authorized During the Month	Total Cases to Date
1943		
July and August	1,027	1,027
September	1,487	2,514
October	1,781	4,295
November	2,776	7,071
December	2,247	9,318
1944		
January	2,210	11,528

Cases Completed and Amount Paid for Completed Cases:

Through January 31, 1944, 3,192 cases have been completed. These figures include patients who have received some prenatal services but moved from the State before delivery. The total amount paid for these completed cases was \$206,828.33.

To obtain average cost per case from these figures would be misleading since they include cases cared for by Army and Navy physicians without charge, as well as patients who moved to another State before completing medical care.

Number of Physicians Participating:

To date 898 physicians have submitted bills for services under the program. This does not represent all the doctors giving service under the program as it does not include Army and Navy physicians, private physicians giving services without fees, or those who have not yet submitted bills, or attending and resident staffs of hospitals

which are accepting cases through their out-patient departments.

Distribution by Counties:

County	Cases	County	Cases
Los Angeles	2,631	Ventura	76
Sacramento	655	San Mateo	68
Fresno	648	Madera	65
San Francisco	428	Placer	55
Santa Clara	417	Yolo	52
Santa Barbara	336	Imperial	30
San Diego	325	Mendocino	23
Alameda	312	Napa	23
San Bernardino	290	Siskiyou	17
Orange	259	Tehama	13
Kern	241	Colusa	11
Sutter-Yuba	235	Lassen	10
Monterey	204	Del Norte	9
Tulare	199	El Dorado	9
San Luis Obispo	191	San Benito	7
Santa Cruz	166	Glenn	6
Stanislaus	163	Marin	5
Sonoma	159	Modoc	5
San Joaquin	156	Inyo	4
Riverside	138	Lake	3
Merced	138	Nevada	3
Kings	129	Plumas	3
Solano	115	Shasta	2
Butte	109	Sierra	2
Contra Costa	91	Mono	1
Humboldt	85		
		TOTAL	9,328

Participating Hospitals:

There are 266 hospitals coöperating in the program in California. This figure includes:

Private hospitals	257
County hospitals	23
Army and Navy hospitals	6

Administrative Cost:

The California program is administered on a decentralized basis with 38 local health officers administering the local program in their jurisdictions. The State office handles authorizations for the areas where there are no organized health departments and is responsible for general administration of the program and for accounting and statistical functions.

To cover administrative functions properly will require an estimated budget of \$77,700, or about 3 per cent of the anticipated amount which will be expended for E.M.I.C. cases in this State for the next fiscal year. In addition, services rendered by the Bureau of Maternal and Child Health staff in the San Francisco office and in various districts, as well as the services given by the local health officers and their staffs will account for about \$40,000 of additional time for administering the program.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

On Bureau of Medical Information in Washington, D. C. and Other National, State and Local Problems in Medical Organization

The official journal of the Medical Society of the State of New York, *New York State Journal of Medicine*,—in its March issue presented an editorial, "What Others Think," that should be of equal interest to members of the California Medical Association who are interested in efficient organization procedures.

Editorial follows:

* Maternity-Pediatric items listed in Roman numerals. CALIFORNIA AND WESTERN MEDICINE for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX and page 304); January, pages 31-32 (Items XL and XLI); February, pages 76-77 (Items XLII and XLIII); March, page 110 (Items XLIV and XLV).

† Prepared by the Bureau of Maternal and Child Health, State Department of Public Health, 739 Phelan Building, San Francisco, 2.

WHAT OTHERS THINK

Professor Ross A. McFarland¹ says, in part, as quoted by *Industrial Medicine* for February, 1944:

Physicians, as a group, have a wide background of knowledge in various fields, and they have spent many years of their lives in advanced study. Thus they have learned to think, and they do think, or they could not keep up in their profession. Unfortunately, however, their professional duties too often leave no time for their thinking to extend to any other fields, let alone the many others in which they have knowledge. But this is a period when, probably more than ever before, it behooves all men who can think, and especially professional men, to do some earnest mentalizing with regard to certain matters of general and community and national interest. Two of these matters are history and economics—the first in respect of the kind of history this country is making, and the second as to the kind of economics our American way of life is being regimented into. . . .

It strikes us that on the whole, physicians are too apt to think in terms of the past and to be, if anything, too little sensitive to the influences of current history; that is, to the influences of history in the making on their environment, on their future conduct, on the kinds of medical practice which will fulfill functionally the needs of today and tomorrow. Naturally this implies a study also of the changing economic picture and its influences. Some of this we touched on briefly in our January 1, 1944, issue.²

The profession has been for some time in a state of ferment. This is a healthy sign that complacency and dry rot within the profession are being sought out. In this process the physicians' own organization is being scrutinized carefully and thoughtfully. Says the *Westchester Medical Bulletin*:³

Organized Medicine.

In the Hall of Misnomers this term deserves charter membership. Medicine has an organization; but it is not organized. Usually the term is used with reference to the American Medical Association; as well speak of the American Astronomical Society as "organized astronomy"—and when, if ever, has the American Bar Association been called "organized law"?

The American Medical Association is an organization: by definition "an association or society." It was founded "to promote the science and art of medicine and the betterment of public health." The present organization maintains various bureaus called "councils" and publishes a number of scientific journals. Through these media the American Medical Association has contributed in no small measure to the high ethical and scientific standards of medical practice obtaining in this country today. It has been largely responsible for the continued elevation of standards of medical education and hospital service. It has consistently protected the public interest by its investigations of the claims made for different forms of therapy and therapeutic agents. Through its publications it has had a powerful influence in the forward progress of scientific medicine and in the continuing education of the individual physician, whether in general or special fields. It is an organization of which any physician may be proud—of which any country might be proud.

But the American Medical Association is not organized: to organize is "to become systematized or constructed into a whole of interdependent parts." No physician is a member of the A.M.A. except by courtesy of his membership in his county and state society. No physician, no county society, no state society contributes to the financial support of the A.M.A. The physician may subscribe to the *Journal* of the American Medical Association, but he does not become a member of the A.M.A. by subscribing to the *Journal*, and he does not lose his membership in his county society by not subscribing to the *Journal*. The revenue of the Association is derived not from dues, but from the publication of its numerous medical journals. In the present-day usage of the term, how can anything be "organized" if its members pay no dues?

But why shouldn't there be an "organized medicine"? Not the American Medical Association; its field of scientific endeavor is too vital to permit any dispersal of its efforts. At times it has been compelled to assume the rôle of spokesman for the medical profession in the absence of any other; but why shouldn't the medical profession be its own "spokesman"? Is it not time for the medical profession to admit that there is an economic—yes, and a political—aspect of medicine; that the practice of

medicine is, in fact, a business as well as a profession—with economic as well as scientific problems? . . .

From the Middle West comes to hand Volume 1, Number 1, of a new publication, the *News* of the Association of American Physicians and Surgeons, which has been

Established upon a sound legal foundation to give its members a positive guarantee of protection from political regimentation, and organized to take effective action in medical economics, legislation, and public relations; the Association of American Physicians and Surgeons has been incorporated, not for profit, by the members of the Lake County Medical Society, with temporary headquarters at Gary, Indiana.

The eight objectives of the Association are stated on page 1 of the issue and are here quoted for the information of our readers:

1. To organize all ethical physicians and surgeons of the United States and its possessions in an Association so established that its members may determine and enforce the conditions under which they will or will not give their services.

2. To prevent participation by a minority of its members in any plan or scheme for the distribution of medical care that is deemed by the majority to be inimical to the interests of the Association and not conducive to the improvement of the public health and welfare.

3. To establish by means of a national assembly of its members, in which all members have both voice and vote, a truly democratic organization of physicians and surgeons that is governed by its members and therefore actually representative of them.

4. Through effective action in the public interest, and under the direction of a qualified public relations counsel, to earn the good public relations and resulting public approval and support the profession so richly deserves.

5. To move from the defensive to the offensive in the work toward the actual solution of problems in medical economics and to keep the economics of medicine under the management and control of the practitioners of medicine.

6. By means of adequate organization and competent executive action, to translate into successful accomplishment the decisions of the profession which have heretofore remained only words on the record.

7. To establish a Washington office of the Association for the execution of prompt and effective legislation action by the profession.

8. To provide a medium of expression for and actual assistance to members of the profession in the armed forces, during both the time of their military service and the period of their readjustment to civilian practice.

To the membership of the Medical Society of the State of New York, objective 4 above will appear encouraging, in that for many years the Society has successfully maintained its own Public Relations Bureau under the guidance of able public relations counsel, with notably satisfactory results. Continues the *News*:

The by-laws establish a Committee on Public Relations, whose duties it shall be to work toward the establishment of general public understanding of and coöperation with the profession.

At such time as this committee finds it advisable, and with the consent of the board of directors, it shall employ a full-time public relations expert, whose duty it shall be to attend all meetings of this organization and its committees, including the board of directors. . . .

This seems to be a healthy step in the right direction, always provided that the "public relations expert" is in fact competent in his field, and if so, given a free hand. This experiment of the Lake County Medical Society will be watched with interest.

*California and Western Medicine*⁴ says of the public relations of medicine in part:

During the last decade or so, it has become increasingly apparent that the medical profession has been losing influence in relation to legislation that has a direct bearing on public health activities, or on the standards and system of medical practice. Not that individual physicians are held in less regard than in days of the past, but rather, in their conjoint set-up, as represented by organized medicine—namely, national, constituent state, and component county medical societies—the profession is

looked upon with more or less suspicion by many members of the United States Congress and by State and local legislative bodies. And, it may be added, likewise by thousands of citizens.

This unfortunate state of affairs is recognized by a host of physicians, many of whom are asking themselves, "What has brought about this changed reaction of national and other legislators to organized medicine?"

Advocating the formation of Public Health Leagues by all state medical associations, the California journal states:

It is the belief of many physicians who have intimate affiliations with the work and needs of organized and scientific medicine that until organizations or groups such as the Public Health League of California are brought into existence in the various States of the Union—the state groups, in turn, to form a national federation of their own, with similar purposes—progress in bringing about a change in the public's and legislators' reactions will be of only moderate amount. In other words, if more active steps are not taken, the American Medical Association, its constituent state associations, and the latter's component county medical societies will continue to lose prestige and power in the promotion of public health work and scientific medicine. Time, in all this, is of the essence.

The importance of the time element is emphasized in a recent article which appeared in the *Westchester Medical Bulletin* for November, published by the Medical Society of the County of Westchester, New York, and having the following title and subhead:

"THE TIME IS NOW!"

What Must Be Done If the Medical Profession Is to Fulfill Its Fundamental Obligation to the American People—
A Plain Call to Action!"

* * *

Evidently the "Time is Now!" in the opinion of other physicians in various parts of the nation. The Hennepin County Medical Society (Minnesota) publishes in its *Bulletin* for January, 1944,⁵ an article, "Growing Pains in Medicine," from which we quote:

That there is increasing discontent and dissatisfaction among physicians with conduct of the affairs of their national organization should be obvious to anyone who makes a real effort to learn the facts. This dissatisfaction is not with the scientific aspects of medicine: it is focused sharply on the public relations policy—or lack of one—of the medical guild and on the plans—or lack of them—for the distribution of medical care.

That the profession is demanding and will continue to demand something other than dogged myopic defense of the status quo from its House of Delegates, officers, and employees is, or should be, apparent even to those individuals.

And merely to criticize without offering something constructive in the way of a solution for the problems seen is patently unfair and unimaginative, both on the part of the present-day critics and what has been termed the "apparently self-perpetuating officials of the A.M.A. . . ."

One's complacency should be jolted by the caustic, even belligerent criticisms of national medical leadership. One finds that leadership characterized as "top drawer impresarios and professional office holders," for an "inner sanctum . . . (which has) vegetated for many years in complacent cataleptic doldrums. . . ." Very frequently, the lack of leadership is decried. Numerous county and state organizations or groups have adopted strong resolutions calling for prompt translation into action of the expressed or widespread desires of the physicians in active practice. Regrettably, there have been hints of secession. . . .

The effect, if any, of all this on the "inner sanctum" is, as yet, not discernible. It is idle to attempt to dismiss this healthy interest in the conduct of medical affairs as the explosive opinions of malcontents and radicals. . . .

It is idle to charge—as one A.M.A. official has done, off the record, of course—that the prevailing unrest and dissatisfaction is traceable to the Executive Secretary group. As a group, their loyalty and sincerity will be attested by members of the organizations which they serve. As a group, they probably give more thought and study to the problems of medicine than most physicians. As a group, one of their tasks is to watch trends and developments and bring these to the attention of their employers for decisions on policy. Merely to blame the present unrest on this group is a palpably weak defense mechanism. . . .

To ignore this unrest would seem a dangerous tactical error, whatever opinion the "inner sanctum" may hold.

This is not a passing squall which, if disregarded, will blow itself out. As has been noted, already there have been broad hints of independent action to accomplish what should have been done by medicine's own organization. . . .

To assert that those voicing this dissatisfaction are uninformed as to the real situation and entertain no constructive proposals, is plain misrepresentation. . . .

Many really constructive ideas based on informed opinion are emanating from the profession in Rhode Island, California, New York, Ohio, Michigan, Connecticut, and many other states of the Union. They can be found in the journals of the state societies and in the bulletins of some of the county societies, in resolutions such as those adopted at various times by the Westchester County Medical Society, the House of Delegates of the Indiana State Medical Association,⁶ the resolution of the Western State Medical Association (December 11, 1943, Salt Lake City, Utah, *q.v.*) and in a recent article in the *Westchester Medical Bulletin*,⁷ "The Time Is Now—For a Washington Office!" Space does not permit more than a brief mention of a few of the constructive ideas and suggestions. In general, the *Bulletin* of the Hennepin County Society⁴ classifies them as follows:

First, state and county medical journals all over the country reflect growing discontent within the profession with the public relations policy of the A.M.A. . . . and considering the comments of many members of Congress and other unbiased observers, it was more than startling to hear the President-elect of the A.M.A. declare (at the Conference of Secretaries and Editors at Chicago in November), "I believe the public relations of the (American Medical) Association are being handled perfectly . . . I certainly think it would be a mistake to have it run in any other way. . . ."

Second, "it is interesting to observe that an increasing number of medical journals advocate the establishment of a Washington bureau by the A.M.A., even at the risk of losing the latter's tax-exempt status. . . ."

Third, it has been suggested that in order to make the A.M.A. House of Delegates more responsive to the opinions of the profession, it would be desirable to limit the number of terms which any delegate may serve. . . .

Fourth, there is a growing conviction that the activities of the editor of the *Journal* of the American Medical Association should be sharply curtailed and very definitely restricted to editing that excellent publication. . . .

Fifth, the so-called insurgents feel that while an interest in geriatrics and history is of undoubted value, the future also is of no little consequence and medicine therefore should hasten to get into step with today's social thinking, abandon its obstructionist attitude, and make positive proposals. . . .

Sixth, it is felt that the Council on Medical Service and Public Relations, which, so this group hopes, will at last provide American medicine representation in Washington which will be *persona grata*, should renew the proposal of the A.M.A. for creation of a Department of Health, headed by a practicing physician as Secretary, who would be a Cabinet member. . . .

Seventh, the A.M.A.'s loyal opposition stresses the urgent necessity for greater unity within the ranks of the profession itself. Many medical journals complain that state and local plans for prepaid medical care are not receiving proper support from the membership whose plans these are. Moves to establish a Washington office independent of the A.M.A. suggest a degree of disunity which is alarming. Is there anything in this, the opposition asks, that could not be corrected by a more vigorous leadership, a leadership which will actually lead, officers who will command confidence and who will contribute realistic, constructive ideas which reflect the thinking of the profession?

* * *

We present these excerpts and suggestions from numerous sources and the subjoined bibliography in an attempt, admittedly incomplete, to inform our membership of the principal symptoms of professional "volcanism" manifesting themselves throughout the Union. We believe the physicians of the Medical Society of the State of New York are fully capable of doing their own thinking, of making their own decisions, and of making those decisions effective through their delegates and association officers. There is danger in haste, and even more in delay. Time and tide wait for no man, and the sands are

running out. To be fully informed offers the greatest safeguard against rash decisions and the best guarantee of wise ones.

¹A Medical Program for Aviation, Harvard Review (Business), Autumn Number, 1943.

²New York State J. M., Vol. 44: No. 1, Jan. 1, 1944, p. 31 *et seq.*

³Vol. XII, No. 2, Feb., 1944, p. 5.

⁴Vol. 59, No. 6, Dec., 1943, p. 302 *et seq.*

⁵Vol. 15, No. 1, Jan., 1944, p. 1 *et seq.*

⁶J. Indiana M. A., Dec., 1943, p. 668.

⁷Westchester Med. Bull., Vol. XII, No. 2, Feb., 1944, p. 7.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Penicillin May Change Ways of Handling Social Diseases

The Palo Alto *Times* recently reported Dr. Ray Lyman Wilbur had returned from a meeting of the Association of Social Hygiene over which he presided, and expressed himself favorably concerning some of the new weapons against disease.

Anti-louse powder to control typhus, gas bombs to kill malaria-carrying mosquitoes, and penicillin treatment to check venereal diseases are among the weapons proving their effectiveness in the war against disease, he said.

"Reports of the men in the field show that penicillin may change our whole way of handling gonorrhea and syphilis," Dr. Wilbur explained, commenting on the exceptional interest of the New York meeting. He is president of the social hygiene association and Dr. William F. Snow, a former Stanford man, is general director.

The report of the chairman of an anti-typhus commission sent to North Africa showed, Dr. Wilbur said, that the effectiveness of louse powder squirted into clothing outlasted two or three trips to the laundry.

"The Lice Just Quit"

"When the powder is squirted down the collars, up the sleeves and up the trousers," he added, "the lice just quit." He predicted a revolution in "our relationship to typhus fever" as a result.

Increasing confidence is being shown, he said, in the use of gas bombs to protect individuals, groups and whole areas against malaria-carrying mosquitoes. Harmless to man, the gas can be turned loose in a tent to protect the occupants or in a place to prevent the pests being carried to noninfected areas.

Dr. Wilbur attended a series of meetings in Washington, New York and Chicago, many of them on matters of military importance.

Physical Restoration of the Handicapped

Physical restoration for the handicapped, so that they may as nearly as possible approximate normal capacity, was called the basic need in vocational rehabilitation by Federal Security Administrator Paul V. McNutt at the first meeting of the Professional Advisory Committee of the Office of Vocational Rehabilitation, recently held in Washington.

The committee, made up of 20 specialists in medical and allied fields, was appointed by Administrator McNutt to provide professional guidance in mapping the new State-Federal program for medical and surgical care under the Barden-LaFollette Act.

In opening the meeting, Mr. McNutt stressed the Federal Security Agency's desire to aid the States in providing physical restoration services which will conform to the high professional standards recognized by the national and State medical associations and by the hospital associations.

"To be able to count on themselves as workers," Mr. McNutt continued, "many of the disabled need more than vocational training, important as that is. They need medical care to restore as much physical capacity as possible. Doctors have long pointed out that tackling the complex problem of rehabilitation at any other point is putting the cart before the horse. Some of the States, too, have pioneered in providing for physical restoration, along with vocational training, for the handicapped. This service has now been recognized as an integral part of our national vocational rehabilitation program.

"We want to give the disabled—the men and women crippled in industry, or by accident or illness—a chance to fulfill their rights and duties as citizens and as self-supporting wage-earners. We want to do this because it is in line with the American way of looking out for ourselves. We want to do it now because war industry needs every hand that can help."

An estimated million and one-half persons may be eligible for rehabilitation under the program authorized by enactment of the Barden-LaFollette Bill last summer, according to Michael J. Shortley, Director, Office of Vocational Rehabilitation.

Reporting the total active case load as 91,000 for the current year, Mr. Shortley said: "The States indicate they will extend rehabilitation services to 110,000 disabled persons during the fiscal year 1945." The program is in operation in all 48 States, the District of Columbia, Hawaii and Puerto Rico. "Physical restoration rounds out vocational rehabilitation services. It gives us the chance," he said, "to do more things for more people."

"Kaiser Wakes the Doctors" Will Be Made Into Motion Picture

Louella O. Parsons, Motion Picture Editor of International News Service, recently reported as follows:

"Edward Golden, the progressive young man who made \$1,000,000 for himself with Hitler's Children, has another idea. He has nabbed the film rights to Paul De Kruif's 'Kaiser Wakes the Doctors.' The Myron Selznick office arranged the deal and Golden will release through either RKO or United Artists—with De Kruif doing the screen play.

"De Kruif, who wrote *Microbe Hunters*, *Fight For Life* and *Hunger Fighters*, tells a story in which Henry Kaiser figures."

Medical Care In Mass Production

Many critics, when approaching the question of medical care, immediately assume that the doctors are their "opponents." The truth is that doctors are as anxious as anyone else to alleviate human suffering. They have worked for years to develop sound health plans whereby more people could secure high quality medical service at minimum expense. Thousands of doctors contribute a large proportion of their time absolutely gratis to persons who either cannot or will not pay even moderate charges. Therefore, it is a rank deservise to hold them up as indifferent to medical progress.

By its title, Paul de Kruif's book, "Kaiser Wakes the Doctors," raises a false impression which is maintained from the first page to the last. It paints the prepaid medical plan, developed in the Kaiser shipyards, as a revolutionary discovery that can be easily applied to other industries and finally to every urban community in the nation. The plan is not new and, unfortunately, has handicaps—not the least of which is its compulsory aspect. The *Journal of the California Medical Association* describes it as follows: "... Fifty cents per week is deducted from wages of each employe (there being practically no acquisition costs in securing members to the

plan, certainly a great administrative saving!); the wage deductions being taken from a group of about 100,000 workers (the families, however, are not included!); the plan being in operation in enterprises where all the workers reside within a small and limited geographical area. In essence, the discovery . . . is nothing more than an application of the age-old principle of prepayments on an insurance basis, designed to give protective coverage to a limited group of poor risks through acquisition of a large number of paying good risks."

The doctors have always welcomed practical plans to broaden medical service.

COMMITTEE ON MEDICAL DEFENSE

Louis J. Regan, M. D., chairman of the Committee on Medical Defense of the Los Angeles County Medical Association recently submitted to the Council of that County unit a report on medical defense. Excerpts from a letter of transmittal to the Editor and from the Committee's report, follow:

"I am sending you a copy of a report of our Committee on Medical Defense which was recently submitted to the Council of the Los Angeles County Medical Association.

"The Council on March 6, 1944, accepted and adopted the report and recommendations of the Committee. The Board of Trustees of our County Association on March 9, 1944, endorsed, by an unanimous vote, the action taken in the matter by the Council.

"The reasons underlying the submission of the report are apparent upon a perusal of the report itself. It is believed that the program which is thereby initiated is constructive and should gain the support of the membership generally." . . .

* * *

(COPY)

REPORT

The attention of the Council is again invited to the local malpractice situation, and in particular, at this time, to the problem of Physicians' Liability Insurance.

It is a matter of general knowledge that this type of insurance has, over the period of the past thirty years, been offered to physicians in California by a number of insurance companies. It is also known that many companies have withdrawn from this field, having found the business unsatisfactory or unprofitable, despite the fact that premium rates have been increased from time to time.

Your Committee has repeatedly expressed an opinion which it is believed, explains in part why Physicians' Liability Insurance has been so generally unsatisfactory. That opinion is repeated here:

1. Malpractice insurance is, or should be, individualized; something more than material loss is involved; the physician's reputation is involved.

2. There has been, in some instances, too little care in the selection of risks. Personality factors, the integrity of the individual, his knowledge, skill and professional experience, his malpractice claims experience, as well as the hazards of the particular field of practice, should be considered in weighing the individual as an insurable risk.

3. This form of insurance should not be written through a multitude of brokers. "Broker pressure" put on the insurance carrier or underwriter may result in the acceptance of undesirable risks. Moreover, the injection of a broker between the insured and the carrier's im-

mediate representative makes the relationship of the latter two more remote, and this is unsatisfactory.

4. Direct relation and contact should be maintained between the carrier or the carrier's immediate representative and the assured, and continual educational malpractice prophylaxis should be carried on. The carrier should maintain a qualified agent to whom the assured may apply at any time for information and advice.

5. Immediate and capable handling of malpractice threats and claims is essential. These claims do not generally improve with age. They should be handled by an agency specializing in such investigations. The practice which is common, that of utilizing general insurance investigators and adjusters for this purpose, is not considered the best method. In handling these claims, the interest of the assured and of the profession as a whole should receive greater emphasis.

6. The importance of good defense of malpractice actions is obvious. However, in this respect your Committee believes that the local physicians are in a very favorable position, since there are available several attorneys of experience and outstanding ability.

7. One element of expense in connection with the trials of malpractice actions is, in the opinion of your Committee, excessive and should be significantly reduced or entirely eliminated. This reference is to the cost of medical expert testimony. These costs have grown to a point where they constitute a considerable fraction of all the costs burdening our insurance premiums.

8. All physicians are interested in having malpractice insurance continue to be available to them. Companies cannot be expected to continue to write this coverage unless it is possible to do so with reasonable profit. It is clear, therefore, that our own interests demand that we protect our carrier in every legitimate way. It is also clear, your Committee believes, that it is our right to insist—(1) that our interest in the problem be acknowledged by the carrier; (2) that we must be advised of the exact cost of the coverage, of how and where all moneys are expended; (3) that we must have information which will permit estimation of fair premium rates for the whole group and for special fields of practice within the group if experience proves that some types of practice are more hazardous than others; (4) that such handling of claims be had as experience proves to contribute to the most constructive results; (5) that we cannot approve the attitude of any carrier that proceeds on the basis of covering a small fraction of our membership, selecting the best risks and leaving the rest, the major group, to find coverage elsewhere if it can. Such a policy is not to the best interest of even the minority thus insured, since relatively small loss may assume catastrophic proportions in such circumstances; and (6) that whenever multiple defendants are involved with several respective carriers, the claims handling and the defense must be harmonious and unified, that we may be spared duplication of costs and disharmony of defense.

These matters are being brought to your attention again, because the problem has become acute. This is evidenced by the fact that we are again faced with increased cost for this coverage. It is the opinion of your Committee that this less favorable situation would not exist today had our membership generally availed themselves of the better malpractice program which was offered to them two years ago.

Your Committee is informed that the insurance market in respect to a coverage so small and relatively unimportant as is our professional liability coverage, is tighter. It is explained that this condition is to be expected when it is understood that large insurance premiums have been available in connection with the expanding war industries, and that the financial as well as the personnel problems which arise in connection with the writing of our small coverage tend to discourage companies generally

from entering the field or from expanding if they are already in the field. Moreover, since the experience in writing malpractice insurance in California has generally been so bad, it is difficult or impossible to interest new companies to undertake a venture which appears so dangerous and which at best promises no great return.

It appears to be uncontradictable, in the opinion of your Committee, that the distribution of our buying force and power through and among numerous agencies has proved unsatisfactory; has made it practically impossible to secure the handling of insurance, claims and defense problems constructively, in line with the essential factors set forth in the opinion expressed above.

The problem is not unsolvable, but it has gone beyond the point of generalization. The solution of the problem would appear to be the assumption of a relationship between the Association and one agency, solely and exclusively endorsed by the Association as its approved malpractice carrier, in return for compliance with certain definite specifications which your Committee has formulated as essential to the improvement of the malpractice insurance situation for the membership of this Association and for the carrier.

Now, therefore, your Committee recommends that the Los Angeles County Medical Association especially and specifically endorse . . .

(Editor's Note.—At the annual session to be held in Los Angeles on May 7-8, the Committee on Medical Defense of the California Medical Association will submit its report. The C.M.A. Committee, Dr. Nelson A. Howard, chairman, presents a preliminary statement in the current issue of C. and W. M., in the "Pre-Convention Bulletin."

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (40)

Alameda County (3)

Brothers, Ridgeway, H., *Orlando, Florida*
Schaefer, Anton H., *Berkeley*
Suraci, Rocco T., *Oakland*

Contra Costa County (3)

Brown, George D., *Richmond*
Hofmann, T. R., *Richmond*
Petrucci, L. J., *Richmond*

Fresno County (2)

Baier, Frederic D., *Coalinga*
Betenson, Thomas E., *Redondo Beach*

Los Angeles County (23)

Boyd, Robert I., *Los Angeles*
Brauner, Edwin P., *Carlisle Barracks, Pa.*
Carnesale, Peter Louis, *Memphis, Tennessee*
Carpenter, Gurth, *Los Angeles*
Clark, Dorothy Velma, *Los Angeles*
Eidson, Paul D., *San Fernando*
Ford, Lowell D., *Long Beach*
Geise, Louise, *Alhambra*
Greenlea, Lloyd Stanton, *Montrose*
Ham, Franklin F., *Van Nuys*
Hamilton, William F., *Los Angeles*
Harwood, Robert Samuel, *Los Angeles*
Hebard, F. Malcolm, *Glendale*
Jones, Laurence, *Beverly Hills*

Marcus, Elias George, *San Fernando*
Martinson, Arthur Joseph, *Los Angeles*
Neurath, Otto, *Los Angeles*
Pollock, Joseph H., *Beverly Hills*
Rosin, Sidney, *Los Angeles*
Skahen, James Kenneth, *Los Angeles*
Tarr, Danson, *Glendale*
Walla, William, *Los Angeles*
Walley, Lillian B., *Long Beach*

Mendocino-Lake Counties (1)

Bennett, Edward C., *Ukiah*

Orange County (1)

Munford, Raymond H., *La Habra*

San Diego County (1)

Ross, Robert, *La Mesa*

San Francisco County (3)

Drew, John F., *San Francisco*
Meiklejohn, Gordon, *San Francisco*
Van Druten, Arthur A., *San Francisco*

Santa Barbara County (2)

Burkard, Adrian F., *Santa Barbara*
Knoll, William V., *Santa Barbara*

Shasta County (1)

Leihee, John Ray, *Burney*

Life Members (1)

Rowell, William Arthur, *Shasta County*

Retired Members (5)

Carlson, Albert T., *Los Angeles County*
Fehrensens, Gail, *Los Angeles County*
Muhl, Anita M., *San Diego County*
Schoff, C. E., *Sacramento County*
Winterberg, Walter H., *San Francisco County*

Transfers (8)

Brown, Walter H., from Santa Clara County to San Francisco County.
Dallal, Joseph M., from San Mateo County to Alameda County.
Diddy, Gordon A., from Santa Clara County to Fresno County.
Johanson, Raymond R., from San Francisco County to Alameda County.
Johnson, Irving D., from Yuba-Sutter-Colusa County to Marin County.
Lowe, Frank A., from San Francisco County to Marin County.
Saunders, William W., from San Francisco County to Contra Costa County.
Strayhorn, L. P., from Los Angeles County to Orange County.

Resigned (2)

Adams, Walter C., *Alameda County*
Liljencrantz, Guy H., *Alameda County*

In Memoriam

Boskowitz, George Henry. Died at San Francisco, February 24, 1944, age 64. Graduate of the College of Physicians and Surgeons of San Francisco, 1899. Licensed in California in 1899. Doctor Boskowitz was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

† For roster of officers of component county medical societies, see in front advertising section. (To aid in wartime paper conservation, roster is printed on alternate months.)

Curdts, Carl Eduard. Died at Oakland, February 27, 1944, age 68. Graduate of the College of Physicians and Surgeons of San Francisco, 1900. Licensed in California in 1900. Doctor Curdts was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Freudenthal, Leslie. Died at Gridley, March 1, 1944, age 44. Graduate of the University of California Medical School, Berkeley-San Francisco, 1926. Licensed in California in 1926. Doctor Freudenthal was a member of the Butte-Glenn County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Mackey, John Galbraith. Died at San Fernando, February 12, 1944, age 72. Graduate of the University of Southern California School of Medicine, Los Angeles, 1898. Licensed in California in 1898. Doctor Mackey was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Malone, William Murray. Died at Los Altos, February 17, 1944, age 62. Graduate of the Cooper Medical College, San Francisco, 1912. Licensed in California in 1912. Doctor Malone was a Retired Member of the San Francisco County Medical Society, and the California Medical Association.



Potter, Gurdon. Died at Oakland, December 2, 1943, age 68. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1899. Licensed in California in 1922. Doctor Potter was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



OBITUARY

Jerome Konigsberg
1908—1944

Captain Jerome Konigsberg, M.C., died February 4, 1944, in General Hospital, 11, in Sydney, Australia; his loss is listed as one of the first war deaths of physicians from San Francisco in World War II. His assignments from the first had all been as medical field officer of artillery battalions. Over his last two years he had many times seen service in the active fighting in numerous islands of the Southwest Pacific Area. He had suffered through several tropical diseases, including dengue, and his death resulted from some unexplained tropical hepatitis contracted several months before.

Dr. Konigsberg, born in Bayonne, N. J., in 1908, was graduated from the University of Pennsylvania, and he studied in postgraduate scientific subjects another year at New York University. He then entered the University of California Medical School from which he was graduated in 1935. For three years he was interne and assistant resident on the medical service at the San Francisco City and County Hospital prior to starting private practice in Internal Medicine in 1938. He was a staff member of the University of California Medical School and of Mt. Zion Hospital. A little over two years later he was one of the earliest of the physicians of our city to enter the Medical Service of the Army.

Our San Francisco medical profession has suffered a notable deprivation in the passing of Jerome Konigsberg. In his nine short years in San Francisco he became endeared to scores of his colleagues as a scholarly, competent and earnest student of medicine, as well as a trustworthy and diligent physician. He rendered effective and unusually devoted service, rich with a wisdom and sensitivity beyond common measure, to hundreds of patients who will long remember him with kindness and gratitude. His dearest friends will also long consider themselves privileged to have had their own lives enriched by the sweet association with their Jerry, as they called him; they knew him as the combination of a quiet, kindly, devoted friend and a sensitive, inspired, healing physician in the truest sense of the words. His short-lived career was devoted to the nobility of his profession, and his life, albeit short, had already lent that profession an increased nobility.

RUSSEL F. RYPINS.

CALIFORNIA PHYSICIANS' SERVICE†

California Physicians' Service and Its Public Relations

(A series of articles: *January "California and Western Medicine," on page 38; February, page 83; March, page 118.*)

Last month this column took up the matter of public relations of California Physicians' Service as affected by the members of beneficiary groups and as affecting the individual members of the public. This month it is well to look for a moment into the matter of public relations as affecting the profession, particularly through the effect of the C.P.S. programs on public officials.

Hardly a day goes by but what we see in print or hear in general conversations, almost anywhere, that government medicine or socialized medicine is just around the corner. Statements of this kind are made by people in all walks of life, not just by agitators or by proponents of some form of socialized medicine. Among your own friends, even among your own colleagues, you will hear the same refrain. Possibly you don't hear it every day but over a period of time you must be aware of its repetition and recurrence.

Along with this general thinking that some form of government medicine is definitely on the way, you also hear the expression by sincere well-wishers that the medical profession must inaugurate some sort of plan of its own or else the Government will do it for the doctors. This sentiment has been expressed publicly by members of Congress, by news commentators and others who in their own right are anxious to see the best in present medical practice preserved. Mr. Ben Read, executive secretary of the Public Health League of California, brought back this same story from his recent visit to Washington, D. C. Members of Congress, even the physician members, and public officials stated the same idea time and again: If the doctors don't come forward with a plan of their own for meeting the need of more widespread and more readily available and affordable medical care, the Government will force a plan of its own on the doctors.

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Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

California physicians are fortunate in the consideration given them by the people who express the above sentiments. These people remark from time to time that in California, of course, there is a medical care organization sponsored and operated by the doctors themselves. They refer to California Physicians' Service. And they point the way, in these remarks, to the public relations rôle being played by and available to California Physicians' Service.

The politician, the social worker, the agitator for some form of government medicine, is seeking only one thing: The provision of more available medical care through the means of a prepayment plan within the financial reach of the great bulk, even all, of the people. Extremists in one camp or another may have more radical ideas than this, but it is safe to say that the plans advocated by the great majority of these planners are about the above, if the excess verbiage and dogma are stripped from the thinking process.

Well, in C.P.S. the medical profession has just the answer to this sort of a program. C.P.S. does offer more widespread, more readily available medical care on a prepayment plan, at rates within the reach of the average wage earner. C.P.S. does not cover all the people; it cannot qualify under such a wish, but it does offer its services to an extremely wide variety of employed groups, without geographical distinction. It makes this offer, except that there must be some strings attached to that statement at the present time. Translating these reservations into words, it may be stated that C.P.S. offers to the people of California a modern, nonprofit, extensive medical care plan at a reasonable rate, except that in some areas and in some instances, due to the lack of support from some members of the medical profession, it is unable to make this offer on an unqualified basis.

The only drawback in the program right now is the lack of support of the doctors. Ironically enough, the doctors are the ones who would suffer most under a program of compulsory government medicine.

If a wholehearted, unreserved support for C.P.S. could be gained from the medical fraternity as a whole, C.P.S. would immediately become the most potent weapon for public relations among politicians and others of any weapon that medicine now has to use. If you as an individual physician could look the politician, or the social service worker, or the union labor leader, right in the eye and say, "In California we already have that sort of service program in effect; we don't need any more stringent plan with all the defects and drawbacks it would be bound to bring with it," the other fellow wouldn't have a single comeback. And if California could do this, every other state in the Union could do likewise. If that eventuality could be realized, the agitation for compulsory sickness insurance plans would die a natural death in a matter of a few months; as it is now, this agitation is swelling from day to day, growing ever larger and more menacing.

It is not enough today to talk to politicians and people in public life along the lines of the preservation of free enterprise. Medical care has gone beyond the bounds of an economic factor in recent years and has entered into the field of the fundamental necessities of life and living. Medical care has been coupled in recent speeches and reports from Washington, D. C., with food, clothing and shelter. A nice compliment to the purveyors of medical care, this, but a dangerous political implication for the future of a free system of medical practice.

Students of the trend toward socialized or government medicine recognize that the medical profession has taken

the preliminary steps in a program to provide good medical care on a budget basis for great groups of American citizens. At the same time, these students are inclined to gloss over these pioneering attempts on the ground that the net results have been so inordinately and so pitifully small; they point to the limited number of beneficiary members of C.P.S. and other medically-sponsored plans and show that this small number of people who are well cared for are only a small percentage of the national population, and the number of people who really need some provision for medical care.

The only way to answer that attitude, of course, is to extend the scope of C.P.S., to make C.P.S. service available to more people, so that the sample will be appreciable in size and will point the way to even greater accomplishments. And the only way that C.P.S. can grow in size is to grow in the esteem of the medical fraternity as a whole. In some communities, with some potential groups of beneficiary members, it is possible today for one or two physicians, or a small group of physicians, to place such obstacles in the path of C.P.S. that the potential group of members must be dropped from consideration. A noncoöperative attitude on the part of a few doctors has already driven more than one group from the door of C.P.S. Conversely, an attitude of fairness and helpfulness has brought into the C.P.S. family a large number of beneficiary member groups.

Which is the answer to be? A medically-sponsored plan, operating on a nonprofit basis for service to the public, or a federally or state-sponsored compulsory plan, with an attendant host of bureaucrats, political hangers-on and typical bureau administration? The answer is bound to be determined by the collective attitude of the professional members of C.P.S. and of the medical profession as a whole. A forward-looking attitude is essential if the individual physician is to resolve this question properly in his own mind. The world of social and economic change and reform which has been going on around our ears in the last decade cannot be ignored; neither can we ask it to wait while we ponder our decision.

The question is posed before us. The answer is for us to determine. With its final determination we will help to decide the future of American medical practice more definitely than in any other way open to us today.

Next month this space will be devoted to a discussion of the physical aspects of C.P.S., the types of coverage offered to date, the types of employee groups given medical care under C.P.S. auspices and related matters.

Doctors of California Hailed For C.P.S. Service

Washington, March 25.—The California Physicians' Service was held up in the House of Representatives this week as a model for other parts of the country, and as a more workable plan of securing adequate care for all sections of the population than the Wagner-Murray-Dingell bill.

Rep. Outland (D., Santa Barbara) spoke on the California Physicians' Service, and his praise was warmly seconded by Representatives Rolph, Holifield, Poulson and Judd of Minnesota.*

"In my opinion," said Rep. Outland, "the doctors of California are doing a noteworthy piece of work in developing a comprehensive program of medical care which is saving the American public millions of dollars in experimental costs."

Representative Judd, himself a physician, added:

"I am convinced that this is like a pilot plant in a new industry."

* Congressman Outland's speech appears in this issue. See page 209. For "five-years survey," see page 191.